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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SEARCH NO. 10/019812	FILING DATE		
							APPL.CANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1	1					51			
2	1	4	1				52			
3	2		1				53			
4	2		1				54			
5			1				55			
6			1				56			
7			1				57			
8			1				58			
9			1				59			
10			1				60			
11			1				61			
12	1	1					62			
13			1				63			
14			1				64			
15			1				65			
16			1				66			
17			1				67			
18			1				68			
19			1				69			
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21			1				71			
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47							97			
48							98			
49							99			
50							100			
TOTAL IND.		1					TOTAL IND.			
TOTAL DEP.		20					TOTAL DEP.			
TOTAL CLAIMS		21					TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331

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